



Immunization Division, Texas Department of Health
1100 West 49th St., Austin, TX 78756
(800) 252-9152 (512) 458-7544 fax

Pertussis Case Track Record

FINAL STATUS:

G CONFIRMED G PROBABLE
G RULED OUT/DROPPED

NETSS CASE #:

Patient's Name: _____
last first

Address: _____

City: _____ County: _____ Zip: _____

Region: _____ Phone: () _____

Parent/Guardian: _____

Physician: _____ Phone: () _____

Physician's
Address: _____

Reported By: _____

Agency: _____

Phone: () _____

Date: ____/____/____

Report Given to: _____

Organization: _____

Phone: () _____

Date: ____/____/____

DEMOGRAPHICS: DATE OF BIRTH: ____/____/____ AGE: _____ SEX: G Male G Female G Unknown

RACE: G White G Black G Asian/Pacific Islander G Native American G Unknown G Other: _____

HISPANIC: G Yes G No G Unknown

CLINICAL DATA:

G Cough - Onset Date: ____/____/____ Duration: _____ Days

G Paroxysmal Cough - Onset Date: ____/____/____

G Inspiratory Whoop G Vomiting after Paroxysm

G Apnea (Exclude Cyanotic Episode) G Cyanosis after Paroxysm

G Pneumonia: Chest X-Ray G + G - G Seizures (Focal or Generalized)

G Acute Encephalopathy G Other: _____

Is patient still coughing at final interview? G Yes G No **Date:** ____/____/____

G Hospitalized at: _____

Admitted: ____/____/____ Discharged: ____/____/____ # Days _____

Physician

Diagnosis

TREATMENT: Were antibiotics given? G Yes G No

G Erythromycin: Date Started: ____/____/____ for ____ Days

G Cotrimoxazole: Date Started: ____/____/____ for ____ Days

G Azithromycin: Date Started: ____/____/____ for ____ Days

G Tetracycline: Date Started: ____/____/____ for ____ Days

G Ampicillin: Date Started: ____/____/____ for ____ Days

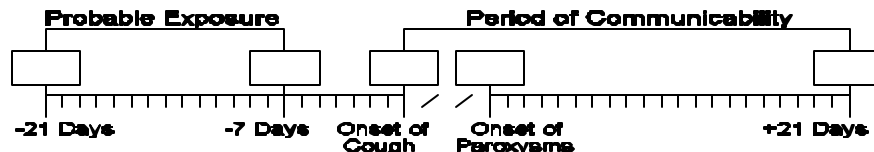
G Other: _____ Date Started: ____/____/____ for ____ Days

G Other: _____ Date Started: ____/____/____ for ____ Days

OUTCOME: G Survived G Died G Unknown

If Died, Date of Death: ____/____/____ **Note:** A Pertussis Death Worksheet must also be submitted to TDH.

INFECTION TIMELINE: Enter onset of cough. Count backwards and forwards to enter dates for probable exposure and communicable periods.



Name: _____

VACCINATION HISTORY: VACCINATED: G Yes G No G Unknown

G 1 DTP: ____/____/____ Type: G DTP G DTaP G DTP-Hib G DT Manufacturer: _____ Lot #: _____

G 2 DTP: ____/____/____ Type: G DTP G DTaP G DTP-Hib G DT Manufacturer: _____ Lot #: _____

G 3 DTP: ____/____/____ Type: G DTP G DTaP G DTP-Hib G DT Manufacturer: _____ Lot #: _____

G 4 DTP: ____/____/____ Type: G DTP G DTaP G DTP-Hib G DT Manufacturer: _____ Lot #: _____

G 5 DTP: ____/____/____ Type: G DTP G DTaP G DTP-Hib G DT Manufacturer: _____ Lot #: _____

If no, indicate reason: G Religious exemption G Medical Contraindication G Evidence of immunity G Previous Disease - Lab Confirmed G Previous Disease - MD Diagnosed G Under Age G Parental Refusal G Unknown G Other: _____

LABORATORY DATA: Was laboratory testing done? G Yes G No G Unknown

LABORATORY: G TDH G Other: _____ Phone: () _____

G Culture: Date specimen collected: ____/____/____ Result: _____

G PCR: Date specimen collected: ____/____/____ Result: _____

G DFA: Date specimen collected: ____/____/____ Result: _____

G IgA G IgG: Date of acute specimen: ____/____/____ Result: _____

Date of convalescent specimen: ____/____/____ Result: _____

Note: A four-fold rise in titer level from acute specimen to convalescent sample may be considered positive serology for pertussis. Results from a single specimen are not accepted as laboratory confirmation of a suspected pertussis case.

Results called to local investigator: G Yes G No G Unknown

Person Contacted: _____ Date Called: ____/____/____ Initials: _____

SOURCE OF INFECTION: G No exposure Identified G Close contact with a known or suspected case.

Date of Contact Name Age Address Phone Case No.

____/____/____ () _____

C Is case epidemiologically linked to a culture-confirmed case? G Yes G No G Unknown Name: _____

C Where did this case acquire pertussis?: G Day-care G School G College G Work G Home G Dr Office G Hospital ER G Hospital Inpatient G Hospital Outpatient G Military G Jail G Church G International Travel G Unknown G Other: _____
Name(s) of Setting _____

C Has any travel occurred within the exposure period? G Yes G No G Unknown If yes, list location: _____

C Importation Class: G Indigenous G International G Out-of-state G Unknown If imported, from what country/state _____

C Is case traceable within 2 generations to international import? G Yes G No G Unknown

C Is case part of an outbreak?: G Yes G No G Unknown If yes, list outbreak name: _____

C Total number of contacts in any settings recommended antibiotics: _____

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HOUSEHOLD CONTACTS: Were control activities initiated?: G Yes G No G Unknown If no, explain: _____

Name	Relation to Case	Age	Vaccination HX.	*Symptoms/Date of Onset	Type of Prophylaxis/Date Treated
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

***Investigations must be completed on all contacts with symptoms**

POSSIBLE SPREAD CONTACT: *Setting:* G No Spread G Day-care G School G College G Work G Home G Dr. Office G Hospital ER
G Hospital Inpatient G Hospital Outpatient G Military G Jail G Church G International Travel G Unknown G Other: _____

Name (s) of Settings: _____

Name	Relation to Case	Age	Vaccination HX.	*Symptoms/Date of Onset	Type of Prophylaxis/Date Treated
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

***Investigations must be completed on all contacts with symptoms**

Investigator's Name: _____ Agency name: _____

Phone: () _____ Date Investigation Initiated: ____/____/____ Date Investigation Completed: ____/____/____

COMMENTS: